



# ***Pediatric Special Health Care Needs: Colostomy***

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## ***I. All Provider Levels***

1. Follow the General Patient Care guidelines in section A1.
2. Establish patient responsiveness.
  - A. If cervical spine trauma is suspected, manually stabilize the spine.
3. Assess the patient's airway and breathing including rate, auscultation, inspection, effort and adequacy of ventilation as indicated by chest rise.
  - A. Obtain a pulse oximeter reading.
4. If breathing is adequate, place the child in a position of comfort and administer 100% oxygen.
5. If no breathing is present, then position the airway and start bag mask ventilations using 100% oxygen.
  - A. If the child has a tracheostomy tube, follow the Tracheostomy protocols in section V1 to manage the tracheostomy tube.
6. If airway cannot be maintained, begin ventilations with B-V-M and initiate advanced airway management using a combi-tube.



**Note Well:** Do not use a combi-tube on a patient younger than 16 years of age or less than 5-feet tall.



**Note Well:** The EMT-I and EMT-P should use ET intubation.

7. Check pulse.
  - A. If no pulse is present, begin chest compressions and follow the appropriate protocol.



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### ***I. All Provider Levels (continued)***

8. Assess circulation and perfusion.
9. Assess the child's colostomy bag and note any damage to the bag or irritation around the site of the colostomy.
10. If the colostomy site appears irritated or infected, empty the colostomy bag (or ask the caregivers to empty the bag), reseal the bag and transport immediately.



**Note Well:** *Signs of infection include red, warm, tender skin spreading away from the stoma site*

11. If the collection bag breaks or is torn off, ask the caregivers for a replacement bag and ensure that the bag fits and seals over the stoma.
  - A. If a replacement bag is not available, place moist gauze over the stoma opening and secure a plastic bag or a non-rebreather facemask with bag attached over the gauze to collect any contents.
  - B. Alternatively, several layers of dressing may be applied over the stoma to collect any contents.
12. Assess the abdomen and note any significant findings.
13. Obtain a complete medical history including history of the present illness.
  - A. Ask about the time and amount of the last feeding.
14. Assess for signs and symptoms of dehydration.
15. Ask the caregivers for the child's baseline vital signs.



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### ***I. All Provider Levels (continued)***

16. If signs and symptoms of dehydration exist, call for ALS support.
  - A. Initiate care and do not delay transport waiting for an ALS unit.
17. Obtain IV access if necessary.



**Note Well:** *BLS providers cannot start an IV on a patient less than 8 years of age.*



**Note Well:** *An ALS unit must be en route or on scene.*



**Note Well:** *If IV access cannot be readily established and the child is younger than 6 years of age then ALS Providers only may proceed with IO access. If the child is over 6 years of age, then contact Medical Control for IO access.*



### ***II. Advanced Life Support Providers***

1. Initiate cardiac monitoring.
  - A. Treat any arrhythmias with the appropriate algorithm.
2. If signs and symptoms of shock exist, infuse a fluid bolus of 20cc/kg of normal saline.
  - A. This bolus may be repeated up to two times.
  - B. If a history consistent with possible dehydration is noted, infuse one fluid bolus at 20cc/kg of normal saline.



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### **III. Transport Decision**

1. Contact medical control for additional instructions.
2. Bring any of the child's medical charts or medical forms that the caregiver may have, as well as any supplies that the parent may have for the feeding tube.



**Note Well:** Some caregivers carry a "go bag" for their children with extra supplies. Ask the parent if they have a "go bag" or similar bag for their child and bring it to the hospital.

3. Initiate transport to the nearest appropriate facility as soon as possible.
4. Perform focused history and detailed physical exam en route to the hospital.
5. Reassess at least every 3-5 minutes, more frequently as necessary and possible.



### **IV. The Following Options are Available by Medical Control Only**

1. IO access for patients greater than 6 years of age.



***This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.***